,• ·	PATENT A		70	432.	16	12 451	507												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	mmy □	OR	OTHER SMALL							
TOTAL CLAIMS			55					RAT		FEE		RATE	FEE						
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FΕE	355.00	OR	BASIC FEE	710.0Ô						
TOTAL CHARGEABLE CLAIMS			minus 20=		• 35			X\$ 9	=	315	OR	X\$18=							
INDEPENDENT CLAIMS			/3 minus 3 =		10			X40:	=	400	OR	X80=							
MULTIPLE DEPENDENT CLAIM PRESENT								+135		-700	OR	+270=							
* If the difference in column 1 is less than zero, enter "0" in column 2							ļ	TOTA	T.	1070	OR	TOTAL							
CLAIMS AS AMENDED - PART II									1 E	NTITY	OR	OTHER SMALL							
		(Column 1) CLAIMS		(Colui		(Column 3)	l	SMA				OMALL	ADDI-						
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	TIONAL FEE						
<b>AMENDMENT</b>	Total	· 40	Minus		55	=		X\$ 9	=		OR	X\$18=							
AME	Independent	. 9	Minus	/	3	<b> </b>		X40:	=		OR	X80=							
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=	1	OR	+270=							
						•		TO	TAL	1	OR	TOTAL ADDIT, FEE							
		(Column 1)		(Colu	ımn 2)	(Column 3)		A9011.1			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
8	1	CLAIMS REMAINING			HEST MBER		1			ADDI-	1		ADDI-						
		AFTER AMENDMENT		PREV	OUSLY FOR	PRESENT EXTRA		RAT	Ε	TIONAL FEE		RATE	TIONAL FEE						
AMENDMENT	Total	- 40	Minus	*	55	=		<b>X\$</b> 9	) <del>=</del>		OR	X\$18=							
M	Independent	• 9	Minus	•••	13	=/		X40	=		OR	X80=							
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	5=	1	OR	+270=							
İ								TO ADDIT.	TAL		OR	TOTAL							
		(Column 1) (Column 2) (Column 3)								7		,							
10		CLAIMS		HIG	HEST MBER	T	1	<u> </u>		ADDI-	1		ADDI-						
		REMAINING AFTER AMENDMENT		PREV	NOUSLY D FOR	PRESENT EXTRA		RAT	Έ	TIONAL FEE		RATE	TIONAL FEE						
AMENDMENT	Total	. 39	Minus	9	5.5	= /		X\$ 9	<del></del> -		OR	X\$18=	,						
	Independent	1. 9	Minus		13	= /	4	X40	<del>-</del>	7	OR	X80=							
F	FIRST PRESI	ENTATION OF I	MULTIPLE DE	PENDEN	NT CLAIN	<u> </u>	į	+13!	 5=	/	OR								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TC	TAL	-/	OR	TOTAL							
	"If the "Highest N	umber Previously	Paid For IN TH	IS SPACE	E is less t	an 3, enter "3."		ADDIT.		<u> </u>	4	ADDIT. FEE							
	The "Highest Nu	mber Previously F	aid For (Total o	or Indeper	ndent) is ti	ne highest numb	er f	""If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-675 (Rev. 8/00) plication or Docket Number

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